



## **Surplus Off-Road Opt-In for NO<sub>x</sub> (SOON)**

### **SCAQMD PROGRAM ANNOUNCEMENT #PA2018-05**

The South Coast Air Quality Management District (SCAQMD) is soliciting project proposals for the following purpose according to terms and conditions attached. In this Program Announcement (PA) the words "Proposer," "Applicant," "Contractor," and "Consultant" are used interchangeably.

#### **SECTION I – OVERVIEW**

##### **PURPOSE**

The SCAQMD is seeking proposals for the Surplus Off-Road Opt-In for NO<sub>x</sub> (SOON) Provision of the California Air Resources Board's (CARB's) In-Use Off-Road Diesel Vehicle Regulation. The primary purpose of this Program is to provide financial incentives to assist in the purchase of low-emission heavy-duty engine technologies to achieve near-term nitrogen oxides (NO<sub>x</sub>) emission reductions from in-use off-road equipment. Since funding for the SOON Program is from the Carl Moyer Program (CMP), all CMP requirements apply to this Program, except where specifically noted, or where the SCAQMD implements more stringent program criteria as described in the Rule 2449 SOON Implementation Guidelines.

##### **INTRODUCTION**

The SOON Program is designed to achieve additional NO<sub>x</sub> reductions above those that would be obtained from the State In-Use Off-Road Vehicle Regulation. These reductions are critical to meeting the PM<sub>2.5</sub> and ozone ambient air quality standards in the South Coast Air Basin.

Funding for Program Announcement #PA2018-05 is from state SB 1107 and AB 923 funds. Project awards are contingent upon receiving these funds from CARB. Additional sources of funding may become available and added to this Program.

Eligible projects must meet a maximum cost-effectiveness limit of \$30,000 per ton of emissions reduced and any additional SCAQMD criteria as stated in this PA (the cost-effectiveness limit may be changed depending on the demand for program funds). For advanced technology projects that are zero-emission, or alternatively meet the cleanest certified optional standard applicable, SCAQMD may apply a cost-effectiveness limit of up to \$100,000 per weighted ton, for the incremental emission reductions that go beyond current emission standards. Projects exceeding the cost-effectiveness limit may receive partial funding up to the cost effectiveness limit. Except where otherwise stated, projects must meet the requirements of the CMP program guidelines.

Applications submitted in response to this PA will be evaluated according to the approved 2017 CMP Guidelines. It is the applicant's responsibility to ensure that the most current information and requirements are reflected in a submitted application. Applicants should check the CARB website for updates and advisories to the guidelines ([www.arb.ca.gov/msprog/moyer/moyer.htm](http://www.arb.ca.gov/msprog/moyer/moyer.htm)).

SCAQMD SOON requirements may sometimes be more stringent than CARB guidelines. For example, SCAQMD may have a lower cost-effectiveness ceiling for a particular category. In case there are any conflicts between CARB guidelines and SCAQMD criteria, the more stringent criteria will prevail. SCAQMD will post any new information and requirements on its SOON Web page at [www.aqmd.gov/soon](http://www.aqmd.gov/soon). It is the responsibility of the applicant to ensure that the most current information and requirements are reflected in a submitted application.

## DEFINITIONS

1. Alternative Fuel  
Alternative fuels include compressed natural gas (CNG), liquefied natural gas (LNG), methanol, ethanol, propane (LPG) and electric technologies.
2. Base Rule  
Base rule is defined as CARB's In-Use Off-Road Diesel regulation without the SOON provisions. Compliance with the Base Rule is required and is demonstrated by the DOORS Compliance Snapshot.
3. Compliance Plan  
Compliance plan is the future forecast of fleet average emissions using current fleet information and planned future repower, replacement, retirement and retrofit projects. An Excel spreadsheet template is available on the SCAQMD SOON webpage.
4. Contract Term  
Contract term is the duration for which the contract is valid. It encompasses both the project completion and project implementation periods.
  - i. Project completion period is the first part of the Contract term starting from the date of Contract execution by both parties to the date the project post-inspection confirms that the project has become operational.
  - ii. Project implementation period is the second part of the Contract term and equals the project life.
5. Cost-Effectiveness Limit  
The cost-effectiveness limit determines the maximum funding that can be provided to an individual vehicle repower, replacement or retrofit project for each ton of emissions reduced.
6. Current NOx Standard  
For all engine horsepower categories, the current NOx standard in 2018 is Tier 4 Final.
7. Dual-Fuel Technology  
Dual-fuel technology includes electric hybrids and technologies that utilize a combination of either CNG and diesel fuel or LNG and diesel fuel, provided they are certified by CARB. Experimental technologies and fuels will be referred to CARB for evaluation and possible eligibility in the program.
8. Incremental Cost  
Incremental cost is the percent of actual cost that is eligible for SOON funding. For repower projects, it is 85%; for replacement projects, it is 80%; and for NOx retrofit

projects, it is 100%.

9. Project Life

Project life is the period of the contract term during which the repowered, replacement or retrofitted vehicle is operated and the contractor must report annual usage. It is used to calculate the cost effectiveness and funding amount for a particular project.

10. Replacement Project

Replacement project is the purchase of a new or used vehicle to replace an existing vehicle. Only new vehicles meeting Tier 4 Final emissions standards are eligible for funding.

11. Repower Project

Repower project is the replacement of an old engine of an existing vehicle with a newer engine certified to lower emission standards.

12. Retrofit Project

Retrofit project is a modification made to an engine exhaust and/or fuel system such that the specifications of the retrofitted engine are different from the original engine.

## **GENERAL PROGRAM INFORMATION**

The primary focus of the SOON Program is to achieve emission reductions from heavy-duty off-road vehicles and equipment operating in California as early and as cost-effectively as possible. The SOON Program is intended to achieve additional NOx reductions which are needed to meet the PM2.5 and ozone ambient air quality standards in the South Coast Air Basin. The emission reductions expected through the deployment of low emission engines or retrofit technologies under this Program must be real, surplus and quantifiable. Senate Bill 513 (Beall) removed the limitations of co-funding with other public funds except that public funds cannot exceed 85% of actual cost.

Replacement and repower projects are **limited to only** those involving a diesel baseline engine subject to the in-use off-road regulation, and a lower emission or zero emission technology that is certified, verified or approved by CARB. **All projects must meet the program's cost-effectiveness limits and be operational no later than May 22, 2020.** No administrative or vehicle operational costs are eligible.

It is expected that multiple awards will be granted under this PA, subject to the approval of the SCAQMD Governing Board.

All proposals will be evaluated based on criteria set forth in this PA. The SCAQMD will evaluate and/or verify information submitted by the applicant. At SCAQMD's discretion, consultants contracted by SCAQMD may conduct all or part of such evaluation and/or verification. Data verification during the evaluation and contracting process may cause initial cost-effectiveness rankings, and associated awards, to change. Furthermore, the SCAQMD reserves the right to make adjustments to awards based on the subsequent verification of information as well as changes in cost-effectiveness.

## IMPORTANT PROGRAM INFORMATION

- Fleets with a total statewide equipment horsepower over 20,000 hp and with 40 percent or more of their vehicles at Tier 0 and Tier 1 emission levels as of January 1, 2008, are subject to the SOON Program and are required to apply for funding. Fleets not meeting both of the above criteria on January 1, 2008, may voluntarily participate in this Program and apply for funding.
- For this program cycle, all projects will be eligible for a maximum seven-year operational requirement within the South Coast Air District. Shorter project life will be considered on a case-by-case basis and may be required by the CMP
- Guidelines for specific types of equipment. However, a shorter project life may affect the project's ranking relative to other project applicants and the amount of funding that can be provided.
- The annual hours used to calculate cost-effectiveness will be included in the contract. An extension of the contract or partial payback of funds may be required if the proposed annual hours are not achieved.
- For all repower projects, fleets are **not** required to but may install the highest level verified diesel emission control system (VDECS) at their own cost.
- Retrofit projects which can achieve NOx reductions may be funded on a case-by-case basis.
- Replacement, repower or NOx retrofit projects funded under SOON are ineligible for compliance with the base rule until the end of the contract period and the original engines must be retained in the DOORS equipment list until then.
- Applicants **must** provide vendor quotes with their application to document the cost of implementing the proposed technology. **All quotes must have been obtained within 90 days of application submittal. Applicants may be required to submit quotes from more than one technology provider.**
- Applicants must demonstrate that they are in full compliance with all CARB applicable regulations and that vehicle/equipment funding requests under this Program provide surplus emissions reductions. **Applicants are required to submit a compliance plan showing how they will comply with the targets of CARB's In-Use Off-Road Vehicle regulation throughout the contract term, as well as how the new projects under this PA will meet SOON NOx targets in 2020 and 2023.**
- Applicants must ensure that the vehicle/equipment to be purchased or installed is in compliance with all applicable federal, state and local air quality rules and regulations and that it will maintain compliance for the full contract term.
- Any associated tax obligation with the award is the responsibility of the grantee.
- No third-party contracts will be executed. The SCAQMD contract must be signed by the equipment owner.
- Pre- and post-inspection of all vehicles/engines/equipment approved for funding will be conducted by SCAQMD.
- Destruction of the engine/equipment being repowered or replaced is required.
- To avoid double dipping, applicants shall not apply for funding of the same equipment in any other air district.

## POTENTIAL PROJECTS

All eligible projects must use certified technology or technology that has been verified by CARB for real and quantifiable emission reductions that go beyond any regulatory requirement. The following projects are eligible for SOON funding:

### Repower Project

For a repower project, the new engine must be certified for sale in California to the current NOx emission standard (Tier 4 Final). If an engine meeting the current emission standard is not available or cannot be installed:

- A Tier 3 Replacement Engine rated at 175 hp or higher can be used for the repower project.
- A Tier 3 Replacement rated at 175 horsepower or less can be used for repower projects provided it complies with U.S. Environmental Protection Agency (EPA) requirements related to replacing in-use engines contained in the Code of Federal Regulations, Title 40, Section 1068.240.
- For off-road equipment with similar modes of operation to on-road vehicles, other possible options include the replacement of an older diesel off-road engine with a new on-road engine certified to an emission standard equal to or cleaner than the Tier 4 Final off-road emission standard or a newer emission certified alternative fuel engine.

### Retrofit Project

For a retrofit project, the retrofit technology **must provide a NOx benefit** and must be:

- Verified by CARB to reduce NOx or NOx plus PM for the specific engine for which funding is requested.
- In compliance with established durability and warranty requirements and cost-effectiveness criteria.

Diesel Particulate Filters (DPFs) and other devices that are not verified to reduce NOx are not eligible for SOON funding. The applicant will find more information on VDECS, including a list of currently verified DECS at <http://www.arb.ca.gov/diesel/verdev/verdev.htm>.

### Replacement Project

For replacement projects, the replacement vehicle/equipment must be powered by a Tier 4 Final engine. If a vehicle/equipment with a Tier 4 Final engine will not be available within 6 months of the application submittal, vehicle/equipment with an Interim Tier 4 or Tier 3 engine may be purchased.

## PROJECT CRITERIA

The SCAQMD retains the authority to impose more stringent additional requirements in order to address local concerns.

- Off-road CI equipment eligible for SOON Program funding includes equipment 25 hp (19 kilowatt) or greater. The complete definition can be found in CARB's In-Use Off-Road Diesel regulation at <http://www.arb.ca.gov/msprog/ordiesel/ordiesel.htm>.
- SOON Program grants can be no greater than a project's incremental cost (85% of quotation for repower projects, 80% of quotation for replacement projects). The incremental cost shall be reduced by the value of any current financial incentive that

reduces the project price, including but not limited to tax credits or deductions, grants or other public financial assistance.

- Applicants must ensure that the vehicle/equipment to be purchased or installed is in compliance with all applicable federal, state and local air quality rules and regulations and that it will maintain compliance for the full contract term.
- The certification emission standard and Tier designation for the engine must be determined from the CARB's Executive Order issued for that engine, not by the engine model year. Executive orders for off-road engines may be found at <http://www.arb.ca.gov/msprog/offroad/cert/cert.php>.
- Reduced emission engines or retrofits must be certified/verified for sale in California and must comply with durability and warranty requirements. These may include new CARB-certified engines and verified diesel emission control strategies.
- New vehicles equipped with Tier 4 family emission limits (FEL) engines certified to Tier 3 or Interim Tier 4 standards are eligible for SOON Program funding. **However, those engines will have their cost-effectiveness calculated as though they were Tier 3 engines.**
- New engines manufactured under the "Flexibility Provisions for Equipment Manufacturers", as detailed in Title 13, CCR, section 2423(d), are ineligible for SOON Program funding to repower equipment.
- For replacement projects, existing equipment with engines manufactured under the flexibility provision, detailed in CCR, title 13, section 2423 (d), the baseline emission rates shall be determined by using the previous applicable Tier emission standard for the existing engine model year and horsepower rating.
- Class 7 diesel forklifts are the only diesel forklifts eligible for SOON Program funding and are subject to all off-road project criteria. The SCAQMD must obtain and verify documentation of the classification of the forklift prior to funding.
- If repower with an engine meeting the current applicable standard is technically infeasible, unsafe or cost prohibitive, the replacement engine must meet the most current practicable previously applicable emission standard and cost-effectiveness criteria and, if rated at less than 175 hp, must comply with the requirements related to replacing in-use engines contained in Title 40, Code of Federal Regulations, Section 1068.240.
- Replacement of an uncontrolled diesel off-road engine with a new on-road engine certified to an emission standard equal to or lower than the Tier 4 Final off-road emission standard or a newer emission-certified alternative fuel engine may be eligible for funding as off-road equipment with similar modes of operation as on-road vehicles on a case-by-case basis. Other equipment may be eligible for funding on a case-by-case basis. These repowers must meet all other applicable project criteria.
- Applicants must provide their DOORS Fleet Compliance Snapshot.
- Applicants must provide the DOORS EIN for each vehicle for which funding is requested.
- Applicants must provide proof they have owned each vehicle for which funding is requested for a replacement vehicle for at least two years.

- Applicants must provide a current Compliance Plan using the SCAQMD fleet calculator or the DOORS calculator demonstrating compliance with the Off-Road regulation throughout the anticipated contract period.
- Applicants must provide at least the most recent two (2) years of hour-meter readings.

Potential projects that fall outside of these criteria may be considered on a case-by-case basis if evidence provided to the air district suggests potential surplus, real, quantifiable and enforceable emission reduction benefits.

### **MAXIMUM ELIGIBLE FUNDING**

The maximum eligible funding amount and project life for each SOON project type is summarized below.

Project	Maximum Funding	Maximum Project Life
Replacement	80% of vehicle/equipment cost	Five years, except: <ul style="list-style-type: none"> <li>• Three years for excavators, skid steer loaders, and rough terrain forklifts</li> </ul>
Repower	85% of engine cost plus parts and labor necessary for installation	Seven years
Retrofit	100% of retrofit device cost plus parts and labor for installation, plus estimated cost for maintenance during project life.	Five years

### **COST-EFFECTIVENESS EVALUATION DISCUSSION**

The SOON Program is required to meet the requirements of the CMP by using the cost-effectiveness calculations methodology found in Appendix C of the CMP Guidelines (see <http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>).

### **REPORTING AND MONITORING**

All participants in the SOON Program are required to keep appropriate records during the full contract period. Project life is the number of years used to determine the cost-effectiveness and is equivalent to the contract implementation period. All equipment must operate in the SCAQMD for this full project life. The SCAQMD shall conduct periodic reviews of each project's operating records to ensure that the engine is operated as stated in the program application. Annual records must contain the following, at a minimum:

- Total Hours of Operation
- Total Hours of Operation in the South Coast Air District
- Annual Maintenance and Repair Information

Records must be retained and updated throughout the project life and made available for SCAQMD inspection. The SCAQMD may conduct periodic reviews of each



vehicle/equipment project's operating records to ensure that the vehicle is operated as required by the project requirements.

### **PROGRAM ADMINISTRATION**

The SOON Program will be administered locally by the SCAQMD through the Science and Technology Advancement Office.

### **FUNDING CATEGORIES**

Only equipment identified in the CARB In-Use Off-Road Diesel Vehicle regulation is eligible for this Program.

### **PROJECT EVALUATION/AWARDS**

SCAQMD staff will evaluate all submitted proposals and make recommendations to the SCAQMD Governing Board for final selection of project(s) to be funded. Proposals will be evaluated on the cost-effectiveness of emissions reduced on an equipment-by-equipment basis, as well as a project's disproportional impact evaluation. (This is discussed further in Section IV).

### **SCHEDULE OF EVENTS**

Release of #PA2018-05	March 2, 2018
*3 Workshops - 9 a.m. to Noon in Room CC6 SCAQMD HQs, 21865 Copley Drive Diamond Bar, CA 91765	Wednesday May 9, 2018 Thursday May 17, 2018 Wednesday May 23, 2018
*Training for the new online application system will be included in these workshops.	
All Applications due by 1:00 p.m.	Tuesday, June 5, 2018
Anticipated Award Consideration by SCAQMD Board	October 5, 2018

<p><b>ALL PROPOSALS MUST BE RECEIVED ELECTRONICALLY OR ON PAPER AT THE SCAQMD HEADQUARTERS NO LATER THAN 1:00 P.M. ON TUESDAY, JUNE 5, 2018</b></p>
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Electronic submission using SCAQMD's new CMP Online Application Program (OAP) is preferred and is available at [www.aqmd.gov/moyer](http://www.aqmd.gov/moyer).

Postmarks of paper copy applications will not be accepted. Faxed or email proposals will not be accepted. Proposers may hand-deliver proposals to the SCAQMD by submitting the proposal to the SCAQMD Public Information Center. The proposal will be date and time-stamped and the person delivering the proposal will be given a receipt.

SCAQMD may issue subsequent solicitations if insufficient applications are received in the initial solicitation.



## **STATEMENT OF COMPLIANCE**

Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5, require employers to agree not to unlawfully discriminate against any employee or applicant because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, sex, or age. A statement of compliance with this clause is included in all SCAQMD contracts.

## **SECTION II: WORK STATEMENT/SCHEDULE OF DELIVERABLES**

All applicants that are selected for funding awards must complete the Work Statement and Schedule of Deliverables described below as part of the contracting process. Development of these materials for the initial application is NOT required; however, applicants must sign the application form indicating their understanding of the requirements for submittal of additional project information to finalize a contract and that all vehicles, engines or equipment must be in operation no later than **May 22, 2020**.

### **WORK STATEMENT**

The scope of work involves a series of tasks and deliverables that demonstrate compliance with the requirements of the SOON Program as administered by CARB and the SCAQMD. The project applicant is responsible for developing detailed project plans that address the program criteria. In addition, alternative fuel project applicants must discuss their plan for refueling the proposed vehicles/equipment, and if appropriate, should provide a letter of agreement from their fuel provider.

At a minimum, any proposed project must meet the following criteria:

- Emission reductions must be real, quantifiable, enforceable and surplus in accordance with CARB and SCAQMD guidelines.
- Cost-effectiveness of the project must meet the minimum requirement of the Carl Moyer guidelines.
- Project engines or equipment must operate in-service for the full project life.
- All vehicles/engines/equipment must be in operation no later than May 22, 2020.
- Appropriate annual usage records must be kept and reported to SCAQMD during the project life (i.e., annual hours of operation).
- A compliance plan that demonstrates compliance with the off-road regulation throughout the contract period must be provided.
- Ensure that the project complies with other local, state and federal programs, and resulting emission reductions from a specific project are not required as a mitigation measure to reduce adverse environmental impacts that are identified in an environmental document prepared in accordance with the California Environmental Quality Act or the National Environmental Policy Act.
- If requested, a contractor must provide a financial statement and bank reference, or other evidence of financial ability to fulfill contract requirements.

## **DELIVERABLES**

The contract will describe how the project will be monitored and what type of information will be included in project progress reports. At a minimum, the SCAQMD expects to receive the following:

- An annual report, throughout the project life, which provides the annual hours of operation, where the vehicle(s) or equipment(s) was operated, annual fuel consumption, and operational and maintenance issues encountered and how they were resolved. SCAQMD reserves the right to verify the information provided.

## **SECTION III: PROPOSAL SUBMITTAL REQUIREMENTS**

Proposers **must** complete the appropriate application forms committing that the information requested in Section II, Work Statement/Schedule of Deliverables, will be submitted if the Proposer's project is selected for funding.

In addition, Conflict of Interest and Project Cost information, as described below, must also be submitted with the application. It is the responsibility of the proposer to ensure that all information submitted is accurate and complete.

### **CONFLICT OF INTEREST**

Applicant must address any potential conflicts of interest with other clients affected by actions performed by the firm on behalf of the SCAQMD. Although the proposer will not be automatically disqualified by reason of work performed for such firms, the SCAQMD reserves the right to consider the nature and extent of such work in evaluating the proposal. Conflicts of interest will be screened on a case-by-case basis by the SCAQMD District Counsel's Office. Conflict of interest provisions of the state law, including the Political Reform Act, may apply to work performed pursuant to this contract. Please discuss potential conflicts of interest on the application form entitled "Campaign Contributions Disclosure."

### **PROJECT COST**

Applicants must provide cost information that specifies the amount of funding requested and the basis for that request by attaching vendor quotes to the application. Applicants need to inform vendors of the timeframe of the award process so that they can accurately quote costs based on the anticipated order/purchase date. **Note that no purchase orders may be placed or work performed for projects awarded under this PA until after the date of award approval by the SCAQMD Governing Board. Any orders placed or payments made in advance of an executed contract with the SCAQMD are done at the risk of the applicant. The SCAQMD has no obligation to fund the project until a contract is fully executed by both parties.**

**The SOON Program funds only the differential cost between existing technology and low-emission technology.** The proposed low-emission technology must be CARB-certified in most cases.<sup>1</sup> Proposals will be ranked by cost-effectiveness on a vehicle/equipment-by-vehicle/equipment basis. The cost-effectiveness limit has been established at \$30,000/ton of

<sup>1</sup> Note that non-CARB certified engines/devices requiring an experimental permit from CARB may be considered, but the project will require special CARB approval.

emissions reduced and \$100,000/ton of emissions reduced for advanced technology that are zero-emission or alternatively, meet the cleanest optional standard certified. The cost-effectiveness may be changed depending on the demand for program funds. No fueling infrastructure, administrative or operational costs will be funded.

All project costs must be clearly indicated in the application. In addition, applicants must include any sources of co-funding and the amount of each co-funding source in the application. **Applicants are cautioned that the project life period used in calculating emissions reductions will be used to determine the length of their data reporting obligation and the length of their contract. In other words, a project applicant using a seven year life for the emissions reduction calculations will be required to operate and track activity for the project vehicle for the full seven years.** A seven year life (shorter project life will be considered on a case-by-case basis and may be required for replacement projects) will be used for all projects subject to #PA2018-05.

## **PROPOSAL SUBMISSION**

All proposals must be submitted according to specifications set forth herein.

### Application Forms

Program application forms are provided after this document. These must be completed and submitted with other required documents (i.e., Certifications and Representations and vendor quotations) discussed in the application and below.

### Certifications and Representations

Contained in this PA are six business forms which must also be completed and submitted with the application.

### Compliance Plan

Projects funded by SOON monies must result in emission reductions that are surplus to those that would be realized by fleets complying with the base rule. Fleets are required to submit a compliance plan in electronic format to demonstrate how they comply with both the base rule as well as the SOON provision of the rule. Fleet owners, at a minimum, must provide the following information for each year, 2010 through 2023 inclusive:

- A vehicle list which includes, but is not limited to, vehicle type, manufacturer, model, model year, and whether the equipment is included in the base or SOON fleet for each piece of equipment in the fleet.
- Information including, but not limited to, calculations, fleet information, etc., showing compliance with the base rule fleet target levels or compliance with the BACT turnover and retrofit requirements. Either the CARB calculator (individual tabs for each future year) or the Excel SOON fleet calculator spreadsheet may be used.
- Information including, but not limited to, calculations, fleet information, etc., showing whether the vehicles funded by the SOON program are in compliance with the SOON NOx fleet average target levels.

SOON Compliance Plan documents and the Microsoft Excel SOON fleet calculator can be downloaded at the SCAQMD SOON website: [www.aqmd.gov/soon](http://www.aqmd.gov/soon). CARB's Fleet Average

Calculators can be downloaded at the ARB website:  
<https://www.arb.ca.gov/msprog/ordiesel/ordiesel.htm>.

#### Methods of Delivery:

The proposer is encouraged to submit the application using the SCAQMD online system, available at [www.aqmd.gov/moyer](http://www.aqmd.gov/moyer). This online system allows applicants to submit their application electronically to the SCAQMD prior to the date and time specified below. SCAQMD "Business Information Forms" requiring signatures must be scanned and uploaded to the online system in pdf format. First-time users must register as a new user. A tutorial of the system will be provided at the pre-application workshops and you may contact Walter Shen at [wshen@aqmd.gov](mailto:wshen@aqmd.gov) or (909) 396-2487 if you would like additional assistance.

An applicant may also deliver paper copies of the application in person, via a courier service or U.S. Mail. Applicant shall submit **four (4) complete paper copies of the application and an electronic copy (CD or flash drive) of the compliance plan and completed application** in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the proposer and the words "**Program Announcement #PA2018-05**". Paper applications shall be submitted in an eco-friendly format: stapled, not bound, black and white print; no three-ring, spiral or plastic binders, and no card stock or colored paper.

#### Due Date

All proposals submitted by paper or through the online application system must be received no later than **1:00 p.m., on Tuesday, June 5, 2018**. Postmarks for paper copies are not accepted as proof of deadline compliance. **Faxed or emailed proposals will not be accepted.** Paper proposals must be directed to:

Procurement Unit  
South Coast Air Quality Management District  
21865 Copley Drive  
Diamond Bar, CA 91765

**Any correction or resubmission done by the proposer will not extend the submittal due date.**

#### Grounds for Rejection

A proposal may be immediately rejected if:

1. It is not prepared in the format described.
2. It is not signed by an individual authorized to represent the firm.
3. Does not include current cost quotes, Contractor Statement Forms, and other forms required in this PA.

#### Disposition of Proposals

The SCAQMD reserves the right to reject any or all proposals. All responses become the property of the SCAQMD. One copy of the proposal shall be retained for SCAQMD files. Additional copies and materials will be returned only if requested and at the proposer's expense.

### Modification or Withdrawal

Once submitted, proposals cannot be altered without the prior written consent of SCAQMD.

## **SECTION IV: PROPOSAL EVALUATION/CONTRACTOR SELECTION CRITERIA**

SCAQMD staff will evaluate all submitted proposals and make recommendations to the SCAQMD Governing Board for final selection of project(s) to be funded. Proposals will be evaluated based on the cost-effectiveness of emissions reduced on a vehicle/equipment-by-vehicle/equipment basis. Be aware that there is a possibility that due to program priorities, cost-effectiveness and/or funding limitations, project applicants may be offered only partial funding, and not all proposals that meet minimum cost-effectiveness criteria may be funded.

Funding will be awarded based on the cost-effectiveness of each piece of equipment. In addition, at least 50 percent of the CMP funds are targeted to be allocated on projects that are domiciled within Disadvantaged Communities (DAC). SCAQMD uses the following method to meet these requirements.

1. All projects must qualify for the CMP by meeting the cost-effectiveness limit of \$30,000 per ton of emissions reduced and \$100,000/ton of emissions reduced for advanced technology that are zero-emission or alternatively, meet the cleanest optional standard certified.
2. The Office of Environmental Health Hazard Assessment (OEHHA) in the California Environmental Protection Agency (CalEPA) has developed the California Communities Environmental Health Screening Tool: CalEnviroScreen Version 3.0 (CalEnviroScreen 3.0). The CalEnviroScreen 3.0 tool will be used by SCAQMD to identify DACs, defined as scoring in the top 25th percentile, and maximize the benefits to these communities from this PA. All applications will be assessed with the CalEnviroScreen tool to identify and verify how their projects benefit DACs. This tool is available at: <https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-30>.
3. All the proposals not awarded under the 50 percent allocated to projects domiciled within DACs will then be ranked according to cost-effectiveness, with the most cost-effective project funded first and then in descending order for each funding category until the remainder of the CMP funds are exhausted.

## **SECTION V: PAYMENT TERMS**

For all projects, payment will be made upon installation and commencement of operation of the funded equipment for 85% of the submitted repower invoice (80% of the submitted replacement invoice) or the contract maximum amount, whichever is less.

### **CONTACT FOR ADDITIONAL INFORMATION**

Questions regarding the content or intent of this PA, procedural matters, sample contract, and the compliance plan worksheet can be found at the SCAQMD SOON website (<http://www.aqmd.gov/SOON>), or can be addressed to:

Walter Shen  
Science and Technology Advancement  
South Coast Air Quality Management District  
21865 Copley Drive  
Diamond Bar, CA 91765  
Phone: (909) 396-2487/Fax: (909) 396-3252  
wshen@aqmd.gov

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# **Application Forms**





Carl Moyer and SOON Application  
Form A-1  
General Application Form (page 1 of 3)

The SCAQMD is accepting applications for projects throughout its jurisdiction. All proposals will be evaluated based on their cost-effectiveness and their disproportionate impact score as discussed in Section IV "Proposal Evaluation/Contract Selection Criteria" contained in Program Announcement. For additional information about SCAQMD's policies and application information, visit: [www.aqmd.gov/moyer](http://www.aqmd.gov/moyer). In general, this program will follow CARB Carl Moyer Program guidelines, which are available at: <http://www.arb.ca.gov/msprog/moyer/moyer.htm>.

The submittal of an application does not guarantee approval for funding, but will be used to determine the potential emission reductions and eligible grant funding amount for the proposed project. Any equipment purchased prior to project approval by the SCAQMD Governing Board will not be eligible for funding. Applicant may, at their own risk, issue a purchase order for approved equipment prior to contract execution. Other than a purchase order, **no other work shall proceed** until a fully executed contract, i.e. signed by the applicant and SCAQMD Board Chairman and a pre-inspection, is completed.

**Organization Information**

Legal Name of Organization \*

The legal organization name must be that of the legal equipment owner.

**Organization Address**

Mailing Address \*

Street Address/P.O. Box

City \*

State \*

Zip \*

County \*

**Primary Contact Name and Information**

First Name

Last Name

Email Address   
(A valid Email address is required. Eg. john@gmail.com)

Phone Number

Fax Number

**Person Authorized to Sign Application and Execute Grant Agreement**

First Name

Last Name

Email Address   
(A valid Email address is required. Eg. john@gmail.com)

Phone Number

Fax Number

**Third Party Information**

Name of Person Who Completed the Application

What is Your Position?

How much are you being paid to complete this application for the owner or to assist in the proposed project?

What is the source of funds being used to pay you?

Signature of Third Party Person Who Completed the Application:

Date:



## Carl Moyer and SOON Application Form A-1 General Application Form (page 2 of 3)

All information provided in this application will be used by SCAQMD staff to evaluate the eligibility of this application to receive program funds. SCAQMD staff reserves the right to request additional information and can deny the application if such requested information is not provided by the requested deadline. Incomplete or illegible applications will be returned to applicant or vendor, without evaluation. An incomplete application is an application that is missing information critical to the evaluation of the project.

Please read and check each item below to indicate understanding and agreement:

I understand that this application is for evaluation purposes only and does not guarantee project funding. Only a fully executed Grant Agreement between the equipment owner and the District constitutes an obligation to fund a project. ☐

I certify to the best of my knowledge and under penalty of perjury that the information contained in this application is true and accurate. ☐

I understand that all vehicles/equipment, both existing and new, must be made available within the SCAQMD boundaries for inspection, unless otherwise approved by SCAQMD's Project Officer. ☐

The vehicle/engine will be used within the SCAQMD boundaries (with the emission reduction system operating) for at least the projected usage shown in this application, and no less than 75 percent of the time. ☐

I understand that it is my responsibility to ensure that all technologies are either verified or certified by the California Air Resources Board (CARB) to reduce NOx and/or PM pollutants. CARB Verification Letters and/or Executive Orders are attached, as applicable. ☐

I understand that for repower projects, I am required to install the highest level available verified diesel emission control device (VDECS), and that the costs of this device and associated installation are a CMP eligible expense. These costs may be included in the project grant request up to the maximum cost-effectiveness limit. ☐

I understand that there may be conditions placed upon receiving a grant and agree to refund the grant (or pro-rated portion thereof) if it is found that at any time I do not meet those conditions and if directed by the SCAQMD in accordance with the contract agreement. ☐

I understand that, for this equipment, I am required to disclose if I have applied for or received incentive funding from another entity or program. Failure to do so will disqualify me from Carl Moyer Program Funding. ☐

In the event that the vehicle(s)/equipment do not complete the minimum term of any agreement eventually reached from this application, I agree to ensure the equivalent project emissions reductions, or to return grant funds to the SCAQMD as required by the contract. ☐

I understand that all on-road engines in my fleet that are eligible for a low-NOx software upgrade (reflash) must be reflashed within 60 days of receipt of contract execution. I may self-certify that the reflash has been performed by submitting a receipt of the completed reflash or a picture of the "Low NOx Reflash Label" from the reflashed engine to SCAQMD. ☐

I understand that third party contracts are not permitted. A third party may, however complete an application on an owner's behalf. Third parties are required to list how much compensation, if any, they are receiving to prepare the application(s), and to certify that no Carl Moyer Program funds are being used for this compensation. ☐

I understand that off-road equipment applicants subject to CARB's In-Use Off-Road Diesel Vehicle Regulation (Off-Road Regulation must submit information regarding fleet size and compliance status. This must include the Diesel Off-Road On-line Reporting System (DOORS) ID of the fleet and the DOORS Equipment Identification Number (EIN) of the funded equipment. All documentation submitted must be signed and dated by the applicant and include language certifying that the fleet list provided is accurate and complete. ☐

I understand that additional project information may be requested during project review and must be submitted prior to contract award. ☐

I understand that all vehicles, engines or equipment funded by this program must be operational within eighteen (18) months of contract execution, or by the vehicle in service date as specified in the Statement of Work, whichever is earlier. ☐

All project applicants must submit documentation that supports the activity claimed in the application (i.e., fuel receipts, mileage logs and/or hour-meter readings covering the last two years). This documentation is attached. ☐

The grant contract language cannot be modified without the written consent of all parties. I have reviewed and accepted the sample contact language. ☐

I understand that an IRS Form 1099 may be issued to me for incentive funds received under the Moyer Program. I understand that it is my ☐



Carl Moyer and SOON Application  
Form A-1  
General Application Form (page 3 of 3)

responsibility to determine the tax liability associated with participating in the Moyer Program.

I understand that an SCAQMD-funded Global Positioning System (GPS) unit will be installed on vehicles/equipment not operating within SCAQMD boundaries full time. I will submit data as requested and otherwise cooperate with all data reporting requirements. I also understand that the additional cost of the GPS unit will be added to the project cost when calculating cost-effectiveness, though the SCAQMD will pay for this system directly. ☐

I understand that the SCAQMD has the right to conduct unannounced inspections for the full project life to ensure the project equipment is fully operational at the activity level committed to by the contract. ☐

I understand that all emission reductions resulting from Carl Moyer funded projects will be retired and the Carl Moyer Program claims all emission reductions from its funded projects. I also understand that there is no double counting or splitting of emission reductions if I receive additional incentive funding. ☐

I understand that a tamper proof, non-resettable digital hour meter/odometer must be installed on all vehicles/equipment and that the digital hour meter/odometer will record the hours/miles accumulated within the SCAQMD boundaries. This cost is my responsibility. ☐

I understand that any tax credits claimed must be deducted from the CMP request. ☐

**Please check one:**

☐ I do not plan to claim a tax credit or deduction for costs funded by the CMP.

☐ I do plan to claim a tax credit or deduction for costs funded by the CMP.

If so please indicate amount here: \$

☐ I plan to claim a tax credit or deduction only for the portion of incremental costs not funded by the CMP.

If so please indicate amount here: \$

**I have checked this box to indicate that there are no potential conflicts of interest with other clients affected by actions performed by the firm on behalf of SCAQMD. If I have not checked this box, I have attached a description to this application of the potential conflict of interest, which will be screened on a case-by-case basis by the SCAQMD District Counsel's Office.** ☐

**I understand and certify that I am currently in compliance with all federal, state and local air quality rules and regulations at the time of application submittal, and I am not aware of any outstanding or pending enforcement actions.** ☐

**By signing below, I certify under penalty of perjury that the information provided in this application is accurate and true.**

Please print the name of the signing authority (first and last name)

Signature of signing authority:

Please enter the proposal submission date:



# Carl Moyer and SOON Application Form C-1 Off-Road Equipment Replacement Equipment Information (page 1 of 2)

If you have any questions regarding this program or the application process, please contact Walter Shen by phone at (909) 396-2487 or by email at [wshen@aqmd.gov](mailto:wshen@aqmd.gov).

Large Off-Road Fleets have limited eligibility for Carl Moyer Program funding, but may apply for SOON Program funding using this application. For more information, please visit [www.aqmd.gov/SOON](http://www.aqmd.gov/SOON).

Please complete one Form for each piece of equipment.

## Existing Equipment Information

Are you applying under Carl Moyer Program or the Surplus Off-Road NOx Program?

Has this equipment received Carl Moyer Program funds in the past?

☐ Yes ☐ No

For Large Fleets Only - have you received Carl Moyer funding after January 1, 2017?

☐ Yes ☐ No

What is the primary function of this equipment?

Is the vehicle location address the same as the applicant address? If not, please complete below.

☐ Yes ☐ No

Street Address (if no address, provide intersection)

City

County

State

Zip

Vehicle Type

If other, please describe:

Equipment Category

Equipment Type

If other equipment type, please describe

Equipment Make

Equipment Model

Equipment Model Year

Equipment Serial Number or VIN

Unit Number or EIN# (for non-Ag Operations)

Is 2 to 1 Replacement Applied?

☐ Yes ☐ No

Number of Main Engines

Number of Auxiliary Engines

Is this equipment used in Agricultural operations?

☐ Yes ☐ No

What percentage of equipment operations are in Agriculture?



# Carl Moyer and SOON Application Form C-1

## Off-Road Equipment Replacement Equipment Information (page 2 of 2)

### New Equipment and Vendor Information

Unit Number	<input type="text"/>	Equipment Category	<input type="text"/>
Equipment Type	<input type="text"/>		
If other equipment type, please describe <input type="text"/>			
Equipment Make	<input type="text"/>	Equipment Model	<input type="text"/>
Equipment Model Year	<input type="text"/>		
Vendor	<input type="text"/>	Vendor Contact Name	<input type="text"/>
Vendor Phone Number	<input type="text"/>	Vendor Address	<input type="text"/>
Vendor City	<input type="text"/>	State	<input type="text"/>
Vendor Zip	<input type="text"/>		

All cost estimates must be based on quotes that have been obtained within 90 days prior to the closing date of the Program Announcement. Attach all quotes to the application.

Number of engines for this New Equipment Unit:

Main (Front) Engine(s)	<input type="text"/>	Auxiliary (Rear) Engine(s)	<input type="text"/>
New Replacement Unit Cost \$	<input type="text"/>	Tax \$	<input type="text"/>
Total Cost \$	<input type="text"/>	Applicant Co-Funding Amount (If Any) \$	<input type="text"/>
Applicant Grant Request (If Any) \$	<input type="text"/>		



# Carl Moyer and SOON Application

## Form C-1

### Off-Road Equipment Replacement

### Project Details

Is equipment currently subject to CARB's Off-Road Regulation?

☐ Yes ☐ No

What is the total horsepower of all vehicles in the fleet?

Enter DOORS Fleet Number

All Off-Road equipment applicants subject to CARB's In-Use Off-Road Diesel Vehicle Regulation must submit their DOORS fleet compliance snapshot and fleet vehicle list.

You may contact the DOORS hotline at (877) 593-6677 for assistance.

SOON applications must also submit the fleet average calculation. Please visit <https://arb.ca.gov/msprog/ordiesel/fac.htm> for more information.

Total Funding Requested

Identify other funding sources to be used for this project

Total Project Cost (From Quote: MUST EQUAL QUOTE)

Applicant Co-Funding Amount

### Operation Information

Is existing equipment in operable condition?

☐ Yes ☐ No

How many years has the applicant owned the existing equipment?

Does this vehicle have a functioning, non-resettable hour meter?

☐ Yes ☐ No

Percent Operation in California

Percent Operation in District

Note: See <http://www.aqmd.gov/home/about/jurisdiction> for a jurisdiction map.

Proposed Project Life (this is the number of years that the equipment must operate as specified in your SCAQMD contract)



Carl Moyer and SOON Application  
Form C-1  
Off-Road Equipment Replacement  
Engine Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

**Existing/Baseline Engine Information**

Baseline Engine Type	<input type="radio"/> Main <input type="radio"/> Auxiliary		
Baseline Engine Fuel Type	<input type="text"/>		
Baseline Engine Make	<input type="text"/>	Baseline Engine Model	<input type="text"/>
Baseline Engine Model Year	<input type="text"/>	Baseline Engine Serial Number	<input type="text"/>
Baseline Engine Horsepower	<input type="text"/>	Baseline Engine Family Number	<input type="text"/>
Old Engine (Baseline) Emissions Tier	<input type="text"/>		

**New Engine Information**

New Engine Fuel Type	<input type="text"/>		
New Engine Make	<input type="text"/>	New Engine Model	<input type="text"/>
New Engine Model Year	<input type="text"/>	New Engine Serial Number	<input type="text"/>
New Engine Horsepower	<input type="text"/>	New Engine Family Number	<input type="text"/>
New Engine (Reduced) Emissions Tier	<input type="text"/>		





Carl Moyer and SOON Application  
Form C-1  
Off-Road Equipment Replacement  
Engine Activity Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Project application must include documentation of existing equipment usage for the previous 24 months prior to the application date.

Baseline Engine - Annual operation details for the past 24-months

	Jan - Date of Application Submittal 2018	Jan - Dec 2017	Mar - Dec 2016	Estimated Annual Future Usage
Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Carl Moyer and SOON Application  
Form C-1  
Off-Road Equipment Replacement  
Attachments

**The following attachments may be submitted for this proposal:**

- Insurance Documentation
- Engine Executive Order(s) and Retrofit Device Executive Order(s)
- Quotes (must be within 90 days of application submittal)
- Equipment Usage Documentation (for past 24 – months including, but not limited to, maintenance records, hour meter readings)
- Photo showing the baseline engine (old) engine model year, engine serial #, HP, engine family # (if available)
- Equipment Ownership (Bill of Sale)
- SOON Fleet Average Calculation (please go to <https://arb.ca.gov/msprog/ordiesel/fac.htm>)  
- only for applicants applying for SOON funding
- DOORS Fleet Compliance Snapshot including vehicle list
- Business Information Request Form
- Campaign Contribution Disclosure
- Business Status Cert
- W-9 Form
- Direct Deposit Form
- Certification of Debarment, Suspension and Other Responsibility Matters



# Carl Moyer and SOON Application Form C-2 Off-Road Equipment Repower Equipment Information

If you have any questions regarding this program or the application process, please contact Walter Shen by phone at (909) 396-2487 or by email at: [wshen@aqmd.gov](mailto:wshen@aqmd.gov)

Large Off-Road Fleets have limited eligibility for Carl Moyer Program funding, but may apply for SOON Program funding using this application. For more information, please visit [www.aqmd.gov/SOON](http://www.aqmd.gov/SOON).

Please complete ONE form for each piece of equipment.

## Existing Equipment Information

Are you applying under Carl Moyer Program or the Surplus Off-Road NOx Program?

Has this equipment received Carl Moyer Program funds in the past?

☐ Yes ☐ No

For Large Fleets Only - have you received Carl Moyer funding after January 1, 2017?

☐ Yes ☐ No

What is the primary  
function of this  
equipment?

Is the vehicle location address the same as the applicant address? If not, please complete below.

☐ Yes ☐ No

Street Address (if no address,  
provide intersection)

City

County

State

Zip

Vehicle Type

If other, please describe:

Equipment Category

Equipment Type

If other equipment type, please describe

Equipment Make

Equipment Model

Equipment Model Year

Equipment Serial  
Number or VIN

Unit Number or EIN# (for non-  
Ag Operations)

Is 2 to 1 Replacement Applied?

☐ Yes ☐ No

Number of Main  
Engines

Number of Auxiliary  
Engines

Is this equipment  
used in Agricultural operations?

☐ Yes ☐ No



# Carl Moyer and SOON Application Form C-2 Off-Road Equipment Repower Project Details

Is equipment currently subject to CARB's Off-Road Regulation?

☐ Yes ☐ No

What is the total horsepower of all vehicles in the fleet?

Enter DOORS Fleet Number

All Off-Road equipment applicants subject to CARB's In-Use Off-Road Diesel Vehicle Regulation must submit their DOORS fleet compliance snapshot and fleet vehicle list.

You may contact the DOORS hotline at (877) 593-6677 for assistance.

SOON applications must also submit the fleet average calculation. Please visit <https://arb.ca.gov/msprog/ordiesel/fac.htm> for more information.

Total Funding Requested (including Retrofit cost, if applicable)

Identify other funding sources to be used for this project

Total Project Cost (From Quote: MUST EQUAL QUOTE - incl. Retrofit if applicable)

Applicant Co-Funding Amount

## Operation Information

Is existing equipment in operable condition?

☐ Yes ☐ No

How many years has the applicant owned the existing equipment?

Does this vehicle have a functioning, non-resettable hour meter?

☐ Yes ☐ No

Percent Operation in California

Percent Operation in District

Proposed Project Life (this is the number of years that the equipment must operate as specified in your SCAQMD contract)



Carl Moyer and SOON Application  
Form C-2  
Off-Road Equipment Repower  
Engine Information (page 1 of 2)

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

**Existing/Baseline Engine Information**

Baseline Engine Type	<input type="radio"/> Main	<input type="radio"/> Auxiliary	
Baseline Engine Fuel Type	<input type="text"/>		
Baseline Engine Make	<input type="text"/>	Baseline Engine Model	<input type="text"/>
Baseline Engine Model Year	<input type="text"/>	Baseline Engine Serial Number	<input type="text"/>
Baseline Engine Horsepower	<input type="text"/>	Baseline Engine Family Number	<input type="text"/>
Old Engine (Baseline) Emissions Tier	<input type="text"/>		
Method proposed for rendering the baseline engine(s) inoperable			<input type="text"/>

**New Engine Information**

New Engine Fuel Type	<input type="text"/>		
New Engine Make	<input type="text"/>	New Engine Model	<input type="text"/>
New Engine Model Year	<input type="text"/>	New Engine Serial Number	<input type="text"/>
New Engine Horsepower	<input type="text"/>	New Engine Family Number	<input type="text"/>
New Engine (Reduced) Emissions Tier	<input type="text"/>		
Is the New Engine a Family Emissions Limit (FEL) engine?			<input type="radio"/> Yes <input type="radio"/> No

**New Engine Cost Information**

New Engine Unit Cost	<input type="text"/>	Cost of Installation/Labor	<input type="text"/>
Cost of New Engine Tax	<input type="text"/>	Total Cost of Repower	<input type="text"/>
Applicant Co-Funding Amount (if any)	<input type="text"/>	Grant Request Amount for this Repower	<input type="text"/>

All cost estimates must be based on quotes that have been obtained within 90 days prior to the closing date of the Program Announcement. Attach all quotes to the application.

**New Engine Vendor Information**

Vendor	<input type="text"/>	Vendor Contact Name	<input type="text"/>
Vendor Phone Number	<input type="text"/>	Vendor Address	<input type="text"/>
Vendor City	<input type="text"/>	Vendor State	<input type="text"/>
Vendor Zip	<input type="text"/>		



Carl Moyer and SOON Application  
Form C-2  
Off-Road Equipment Repower  
Engine Information (page 2 of 2)

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

**Engine Retrofit Information**

Will a retrofit device be added to this engine as part of this project?

☒ Yes ☐ No

Retrofit Device Make

Retrofit Device Model

% PM Reduction

% NOX Reduction

% ROG Reduction

Retrofit Device ARB Executive  
Order Number

Project Life

**Retrofit Cost Information**

Retrofit Device System Cost

Retrofit Device Installation  
Cost

Total Cost of Retrofit

Amount requested for this  
retrofit \$



Carl Moyer and SOON Application  
Form C-2  
Off-Road Equipment Repower  
Engine Activity Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Project application must include documentation of existing equipment usage for the previous 24 months prior to the application date.

Baseline Engine - Annual operation details for the past 24-months

	Jan - Date of Application Submittal 2018	Jan - Dec 2017	Mar - Dec 2016	Estimated Annual Future Usage
Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





Carl Moyer and SOON Application  
Form C-2  
Off-Road Equipment Repower  
Attachment

**The following attachments may be submitted for this proposal:**

- Insurance Documentation
- Engine Executive Order(s) and Retrofit Device Executive Order(s)
- Quotes (must be within 90 day of application submittal)
- Equipment Usage Documentation (for past 24 – months including, but not limited to, maintenance records, hour meter readings)
- Photo showing the baseline (old) engine model year, engine serial #, horsepower, engine family # (if available)
- SOON Fleet Average Calculation (please go to <https://arb.ca.gov/msprog/ordiesel/fac.htm>)  
- only for applicants applying for SOON funding
- DOORS Fleet Compliance Snapshot - including vehicle list
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Direct Deposit Form
- Business Status Certification
- Certification of Debarment, Suspension and Other Responsibility Matters



# Carl Moyer and SOON Application Form C-3 Off-Road Equipment Retrofit Equipment Information

If you have questions regarding this program or the application process, please contact Walter Shen by phone at (909) 396-2487 or by email at: [wshen@aqmd.gov](mailto:wshen@aqmd.gov).

## Existing Equipment Information

Are you applying under Carl Moyer Program or the Surplus Off-Road NOx Program?

Has this equipment received Carl Moyer Program funds in the past?

☐ Yes ☐ No

What is the primary  
function of this  
equipment?

Is the vehicle location address the same as the applicant address? If not, please complete below.

☐ Yes ☐ No

Street Address (if no  
address, provide intersection)

City

County

State

Zip

Vehicle Type

If other, please describe:

Equipment Category

Equipment Type

If other equipment type, please describe

Equipment Make

Equipment Model

Equipment Model Year

Equipment Serial  
Number or VIN

Unit Number

Is 2 to 1 Replacement Applied?

☐ Yes ☐ No

Number of Main  
Engines

Number of Auxiliary  
Engines

Is this equipment  
used in Agricultural operations?

☐ Yes ☐ No



# Carl Moyer and SOON Application Form C-3 Off-Road Equipment Retrofit Project Details

Is equipment currently subject to CARB's Off-Road Regulation?

☐ Yes ☐ No

What is the total horsepower of all vehicles in the fleet?

Enter DOORS Fleet Number

All Off-Road equipment applicants subject to CARB's In-Use Off-Road Diesel Vehicle Regulation must submit their DOORS fleet compliance snapshot and fleet vehicle list.

You may contact the DOORS hotline at (877) 593-6677 for assistance.

SOON applications must also submit the fleet average calculation. Please visit <https://arb.ca.gov/msprog/ordiesel/fac.htm> for more information.

Total Funding Requested

Identify other funding sources to be used for this project

Total Project Cost (From Quote: MUST EQUAL QUOTE)

Applicant Co-Funding Amount

## Operation Information

Is existing equipment in operable condition?

☐ Yes ☐ No

How many years has the applicant owned the existing equipment?

Does this vehicle have a functioning, non-resettable hour meter?

☐ Yes ☐ No

Percent Operation in California

Percent Operation in District

See <http://www.aqmd.gov/home/about/jurisdiction> for a jurisdiction map.

Proposed Project Life (this is the number of years that the equipment must operate as specified in your SCAQMD contract)



Carl Moyer and SOON Application  
Form C-3  
Off-Road Equipment Retrofit  
Engine & Retrofit Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

**Existing/Baseline Engine Information**

Baseline Engine Type      ☐ Main    ☐ Auxiliary

Baseline Engine Fuel Type     

Baseline Engine Make     

Baseline Engine Model     

Baseline Engine Model  
Year     

Baseline Engine  
Serial Number     

Baseline Engine  
Horsepower     

Baseline Engine  
Family Number     

Old Engine (Baseline)  
Emissions Tier     

**Engine Retrofit Information**

Retrofit Device Make     

Retrofit Device Model     

Verification Level     

Project Life     

Verified % PM Reduction     

Verified % NOX Reduction     

Verified % ROG Reduction     

Retrofit Device ARB Executive  
Order Number     

Retrofit Device Serial    Number     

**Retrofit Cost Information**

Retrofit Device System    Cost     

Retrofit Device Installation  
Cost     

Tax Amount for Retrofit     

Total Cost of Retrofit     

Maintenance Cost     

Amount requested for this  
retrofit     

Retrofit Dealer Vendor     

All cost estimates must be based on quotes that have been obtained within 90 days prior to the closing date of the Program Announcement. Attach all quotes to the application. The data-logging cost of a retrofit project cannot be included in the eligible project cost.



Carl Moyer and SOON Application  
Form C-3  
Off-Road Equipment Retrofit  
Engine Activity Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Project application must include documentation of existing equipment usage for the previous 24 months prior to the application date.

Baseline Engine - Annual operation details for past 24 months

	Jan - Date of Application Submittal 2018	Jan - Dec 2017	Mar - Dec 2016	Estimated Annual Future Usage
Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



# Carl Moyer and SOON Application Form C-3 Off-Road Equipment Retrofit Attachments

**The following attachments may be submitted for this proposal:**

- Insurance Documentation
- Engine Executive Order(s) and Retrofit Device Executive Order(s)
- Quotes (must be within 90 days of application submittal)
- Equipment Usage Documentation (for past 24 – months)
- Other misc. attachments
- DOORS Vehicle List
- SOON Fleet Average Calculation (please go to <https://arb.ca.gov/msprog/ordiesel/fac.htm>)
- DOORS Fleet Compliance Snapshot
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Business Status Certification
- Direct Deposit Form
- Certification of Debarment, Suspension and Other Responsibility Matters



# South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178  
(909) 396-2000 • [www.aqmd.gov](http://www.aqmd.gov)

## **Business Information Request**

Dear SCAQMD Contractor/Supplier:

South Coast Air Quality Management District (SCAQMD) is committed to ensuring that our contractor/supplier records are current and accurate. If your firm is selected for award of a purchase order or contract, it is imperative that the information requested herein be supplied in a timely manner to facilitate payment of invoices. In order to process your payments, we need the enclosed information regarding your account. **Please review and complete the information identified on the following pages, remember to sign all documents for our files, and return them as soon as possible to the address below:**

**Attention: Accounts Payable, Accounting Department  
South Coast Air Quality Management District  
21865 Copley Drive  
Diamond Bar, CA 91765-4178**

If you do not return this information, we will not be able to establish you as a vendor. This will delay any payments and would still necessitate your submittal of the enclosed information to our Accounting department before payment could be initiated. Completion of this document and enclosed forms would ensure that your payments are processed timely and accurately.

If you have any questions or need assistance in completing this information, please contact Accounting at (909) 396-3777. We appreciate your cooperation in completing this necessary information.

Sincerely,

Sujata Jain  
Deputy Executive Officer  
Finance

DH:tm

Enclosures: Business Information Request  
Disadvantaged Business Certification  
W-9  
Form 590 Withholding Exemption Certificate  
Federal Contract Debarment Certification  
Campaign Contributions Disclosure  
Direct Deposit Authorization





# South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178

(909) 396-2000 • [www.aqmd.gov](http://www.aqmd.gov)

## BUSINESS INFORMATION REQUEST

Business Name	
Division of	
Subsidiary of	
Website Address	
Type of Business <i>Check One:</i>	<input type="checkbox"/> Individual <input type="checkbox"/> DBA, Name _____, County Filed in _____ <input type="checkbox"/> Corporation, ID No. _____ <input type="checkbox"/> LLC/LLP, ID No. _____ <input type="checkbox"/> Other _____

## REMITTING ADDRESS INFORMATION

Address			
City/Town			
State/Province		Zip	
Phone	(     )     -     Ext	Fax	(     )     -
Contact		Title	
E-mail Address			
Payment Name if Different			

All invoices must reference the corresponding Purchase Order Number(s)/Contract Number(s) if applicable and mailed to:

**Attention: Accounts Payable, Accounting Department  
South Coast Air Quality Management District  
21865 Copley Drive  
Diamond Bar, CA 91765-4178**

## BUSINESS STATUS CERTIFICATIONS

Federal guidance for utilization of disadvantaged business enterprises allows a vendor to be deemed a small business enterprise (SBE), minority business enterprise (MBE) or women business enterprise (WBE) if it meets the criteria below.

- is certified by the Small Business Administration or
- is certified by a state or federal agency or
- is an independent MBE(s) or WBE(s) business concern which is at least 51 percent owned and controlled by minority group member(s) who are citizens of the United States.

### Statements of certification:

As a prime contractor to SCAQMD, (name of business) will engage in good faith efforts to achieve the fair share in accordance with 40 CFR Section 33.301, and will follow the six affirmative steps listed below **for contracts or purchase orders funded in whole or in part by federal grants and contracts.**

1. Place qualified SBEs, MBEs, and WBEs on solicitation lists.
2. Assure that SBEs, MBEs, and WBEs are solicited whenever possible.
3. When economically feasible, divide total requirements into small tasks or quantities to permit greater participation by SBEs, MBEs, and WBEs.
4. Establish delivery schedules, if possible, to encourage participation by SBEs, MBEs, and WBEs.
5. Use services of Small Business Administration, Minority Business Development Agency of the Department of Commerce, and/or any agency authorized as a clearinghouse for SBEs, MBEs, and WBEs.
6. If subcontracts are to be let, take the above affirmative steps.

### **Self-Certification Verification: Also for use in awarding additional points, as applicable, in accordance with SCAQMD Procurement Policy and Procedure:**

Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Small Business Enterprise/Small Business Joint Venture | <input type="checkbox"/> Women-owned Business Enterprise                               |
| <input type="checkbox"/> Local business   | <input type="checkbox"/> Disabled Veteran-owned Business Enterprise/DVBE Joint Venture |
| <input type="checkbox"/> Minority-owned Business Enterprise                     | <input type="checkbox"/> Most Favored Customer Pricing Certification                   |

Percent of ownership: \_\_\_\_\_ %

Name of Qualifying Owner(s): \_\_\_\_\_

**State of California Public Works Contractor Registration No. \_\_\_\_\_ MUST BE INCLUDED IF BID PROPOSAL IS FOR PUBLIC WORKS PROJECT.**

I, the undersigned, hereby declare that to the best of my knowledge the above information is accurate. Upon penalty of perjury, I certify information submitted is factual.

\_\_\_\_\_  
*NAME*

\_\_\_\_\_  
*TITLE*

\_\_\_\_\_  
*TELEPHONE NUMBER*

\_\_\_\_\_  
*DATE*

## **Definitions**

**Disabled Veteran-Owned Business Enterprise** means a business that meets all of the following criteria:

- is a sole proprietorship or partnership of which is at least 51 percent owned by one or more disabled veterans, or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more disabled veterans; a subsidiary which is wholly owned by a parent corporation but only if at least 51 percent of the voting stock of the parent corporation is owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management and control and earnings are held by one or more disabled veterans.
- the management and control of the daily business operations are by one or more disabled veterans. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business.
- is a sole proprietorship, corporation, partnership, or joint venture with its primary headquarters office located in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other foreign-based business.

**Joint Venture** means that one party to the joint venture is a DVBE and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that DVBE will receive at least 51 percent of the project dollars.

**Local Business** means a business that meets all of the following criteria:

- has an ongoing business within the boundary of SCAQMD at the time of bid application.
- performs 90 percent of the work within SCAQMD's jurisdiction.

**Minority-Owned Business Enterprise** means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more minority persons or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more minority persons.
- is a business whose management and daily business operations are controlled or owned by one or more minority person.
- is a business which is a sole proprietorship, corporation, partnership, joint venture, an association, or a cooperative with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

"Minority" person means a Black American, Hispanic American, Native American (including American Indian, Eskimo, Aleut, and Native Hawaiian), Asian-Indian American (including a person whose origins are from India, Pakistan, or Bangladesh), Asian-Pacific American (including a person whose origins are from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the United States Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, or Taiwan).

**Small Business Enterprise** means a business that meets the following criteria:

- a. 1) an independently owned and operated business; 2) not dominant in its field of operation; 3) together with affiliates is either:
  - **A service, construction, or non-manufacturer with 100 or fewer employees, and average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years, or**
  - A manufacturer with 100 or fewer employees.
- b. Manufacturer means a business that is both of the following:
  - 1) Primarily engaged in the chemical or mechanical transformation of raw materials or processed substances into new products.
  - 2) Classified between Codes 311000 to 339000, inclusive, of the North American Industrial Classification System (NAICS) Manual published by the United States Office of Management and Budget, 2007 edition.

**Small Business Joint Venture** means that one party to the joint venture is a Small Business and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that the Small Business will receive at least 51 percent of the project dollars.

**Women-Owned Business Enterprise** means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more women or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more women.
- is a business whose management and daily business operations are controlled or owned by one or more women.
- is a business which is a sole proprietorship, corporation, partnership, or a joint venture, with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

**Most Favored Customer** as used in this policy means that the SCAQMD will receive at least as favorable pricing, warranties, conditions, benefits and terms as other customers or clients making similar purchases or receiving similar services.

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ► _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
or										
<b>Employer identification number</b>										

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person ►</b>	<b>Date ►</b>

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.



**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.



**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**2018 Withholding Exemption Certificate****590**

The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.

**Withholding Agent Information**

Name \_\_\_\_\_

**Payee Information**

Name \_\_\_\_\_

☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.

Address (apt./sta., room, PO box, or PMB no.) \_\_\_\_\_

City (if you have a foreign address, see instructions.) \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

**Exemption Reason****Check only one box.**

By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

☐ **Individuals — Certification of Residency:**

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Corporations:**

The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Partnerships or Limited Liability Companies (LLCs):**

The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

☐ **Tax-Exempt Entities:**

The entity is exempt from tax under California Revenue and Taxation Code (R&amp;TC) Section 23701 \_\_\_\_\_ (insert letter) or Internal Revenue Code Section 501(c) \_\_\_\_\_ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

☐ **Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:**

The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

☐ **California Trusts:**

At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

☐ **Estates — Certification of Residency of Deceased Person:**

I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

☐ **Nonmilitary Spouse of a Military Servicemember:**

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

**CERTIFICATE OF PAYEE: Payee must complete and sign below.**To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Type or print payee's name and title \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Payee's signature ► \_\_\_\_\_ Date \_\_\_\_\_



# 2017 Instructions for Form 590

## Withholding Exemption Certificate

References in these instructions are to the California Revenue and Taxation Code (R&TC).

### General Information

**Registered Domestic Partners (RDP)** – For purposes of California income tax, references to a spouse, husband, or wife also refer to a Registered Domestic Partner (RDP) unless otherwise specified. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

### A Purpose

Use Form 590, Withholding Exemption Certificate, to certify an exemption from nonresident withholding.

Form 590 does not apply to payments of backup withholding. For more information, go to [ftb.ca.gov](http://ftb.ca.gov) and search for **backup withholding**.

Form 590 does not apply to payments for wages to employees. Wage withholding is administered by the California Employment Development Department (EDD). For more information, go to [edd.ca.gov](http://edd.ca.gov) or call 888.745.3886.

**Do not** use Form 590 to certify an exemption from withholding if you are a **Seller of California real estate**. Sellers of California real estate use Form 593-C, Real Estate Withholding Certificate, to claim an exemption from the real estate withholding requirement.

**The following are excluded from withholding and completing this form:**

- The United States and any of its agencies or instrumentalities.
- A state, a possession of the United States, the District of Columbia, or any of its political subdivisions or instrumentalities.
- A foreign government or any of its political subdivisions, agencies, or instrumentalities.

### B Income Subject to Withholding

California Revenue and Taxation Code (R&TC) Section 18662 requires withholding of income or franchise tax on payments of California source income made to nonresidents of California.

Withholding is required on the following, but is not limited to:

- Payments to nonresidents for services rendered in California.
- Distributions of California source income made to domestic nonresident partners, members, and S corporation shareholders and allocations of California source income made to foreign partners and members.
- Payments to nonresidents for rents if the payments are made in the course of the withholding agent's business.
- Payments to nonresidents for royalties from activities sourced to California.

- Distributions of California source income to nonresident beneficiaries from an estate or trust.
- Endorsement payments received for services performed in California.
- Prizes and winnings received by nonresidents for contests in California.

However, withholding is optional if the total payments of California source income are \$1,500 or less during the calendar year.

For more information on withholding get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines. To get a withholding publication, see Additional Information.

### C Who Certifies this Form

Form 590 is certified by the payee. California residents or entities exempt from the withholding requirement should complete Form 590 and submit it to the withholding agent before payment is made. The withholding agent is then relieved of the withholding requirements if the agent relies in good faith on a completed and signed Form 590 unless notified by the Franchise Tax Board (FTB) that the form should not be relied upon.

An incomplete certificate is invalid and the withholding agent should not accept it. If the withholding agent receives an incomplete certificate, the withholding agent is required to withhold tax on payments made to the payee until a valid certificate is received. In lieu of a completed exemption certificate, the withholding agent may accept a letter from the payee as a substitute explaining why they are not subject to withholding. The letter must contain all the information required on the certificate in similar language, including the under penalty of perjury statement and the payee's taxpayer identification number (TIN). The withholding agent must retain a copy of the certificate or substitute for at least five years after the last payment to which the certificate applies, and provide it upon request to the FTB.

If an entertainer (or the entertainer's business entity) is paid for a performance, the entertainer's information must be provided. **Do not** submit the entertainer's agent or promoter information.

The grantor of a grantor trust shall be treated as the payee for withholding purposes. Therefore, if the payee is a grantor trust and one or more of the grantors is a nonresident, withholding is required. If all of the grantors on the trust are residents, no withholding is required. Resident grantors can check the box on Form 590 labeled "Individuals — Certification of Residency."

### D Definitions

For California nonwage withholding purposes, **nonresident** includes all of the following:

- Individuals who are not residents of California.
- Corporations not qualified through the California Secretary of State (CA SOS) to do business in California or having no permanent place of business in California.
- Partnerships or limited liability companies (LLCs) with no permanent place of business in California.
- Any trust without a resident grantor, beneficiary, or trustee, or estates where the decedent was not a California resident.

Foreign refers to non-U.S.

For more information about determining resident status, get FTB Pub. 1031, Guidelines for Determining Resident Status. Military servicemembers have special rules for residency. For more information, get FTB Pub. 1032, Tax Information for Military Personnel.

#### Permanent Place of Business:

A corporation has a permanent place of business in California if it is organized and existing under the laws of California or it has qualified through the CA SOS to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in California only if it maintains a permanent office in California that is permanently staffed by its employees.

### E Military Spouse Residency Relief Act (MSRRA)

Generally, for tax purposes you are considered to maintain your existing residence or domicile. If a military servicemember and nonmilitary spouse have the same state of domicile, the MSRRA provides:

- A spouse shall not be deemed to have lost a residence or domicile in any state solely by reason of being absent to be with the servicemember serving in compliance with military orders.
- A spouse shall not be deemed to have acquired a residence or domicile in any other state solely by reason of being there to be with the servicemember serving in compliance with military orders.

**Domicile** is defined as the one place:

- Where you maintain a true, fixed, and permanent home.
- To which you intend to return whenever you are absent.

A military servicemember's nonmilitary spouse is considered a nonresident for tax purposes if the servicemember and spouse have the same domicile outside of California and the spouse is in California solely to be with the servicemember who is serving in compliance with Permanent Change of Station orders.

California may require nonmilitary spouses of military servicemembers to provide proof that they meet the criteria for California personal income tax exemption as set forth in the MSRRA.

Income of a military servicemember's nonmilitary spouse for services performed in California is not California source income subject to state tax if the spouse is in California to be with the servicemember serving in compliance with military orders, and the servicemember and spouse have the same domicile in a state other than California.

For additional information or assistance in determining whether the applicant meets the MSRRA requirements, get FTB Pub. 1032.

## Specific Instructions

### Payee Instructions

Enter the withholding agent's name.

Enter the payee's information, including the TIN and check the appropriate TIN box.

You must provide a valid TIN as requested on this form. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp no.); or CA SOS file number.

**Private Mail Box (PMB)** – Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

**Foreign Address** – Follow the country's practice for entering the city, county, province, state, country, and postal code, as applicable, in the appropriate boxes. **Do not** abbreviate the country name.

**Exemption Reason** – Check the box that reflects the reason why the payee is exempt from the California income tax withholding requirement.

### Withholding Agent Instructions

**Do not** send this form to the FTB. The withholding agent retains this form for a minimum of five years or until the payee's status changes, and must provide this form to the FTB upon request.

The payee must notify the withholding agent if any of the following situations occur:

- The individual payee becomes a nonresident.
- The corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California.

- The partnership ceases to have a permanent place of business in California.
- The LLC ceases to have a permanent place of business in California.
- The tax-exempt entity loses its tax-exempt status.

If any of these situations occur, then withholding may be required. For more information, get Form 592, Resident and Nonresident Withholding Statement, Form 592-B, Resident and Nonresident Withholding Tax Statement, and Form 592-V, Payment Voucher for Resident and Nonresident Withholding.

## Additional Information

**Website:** For more information go to [ftb.ca.gov](http://ftb.ca.gov) and search for **nonwage**.

**MyFTB** offers secure online tax account information and services. For more information and to register, go to [ftb.ca.gov](http://ftb.ca.gov) and search for **myftb**.

**Telephone:** 888.792.4900 or 916.845.4900, Withholding Services and Compliance phone service

**Fax:** 916.845.9512

**Mail:** WITHHOLDING SERVICES AND COMPLIANCE MS F182  
FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0651

For questions unrelated to withholding, or to download, view, and print California tax forms and publications, or to access the TTY/TDD numbers, see the information below.

### Internet and Telephone Assistance

**Website:** [ftb.ca.gov](http://ftb.ca.gov)

**Telephone:** 800.852.5711 from within the United States  
916.845.6500 from outside the United States

**TTY/TDD:** 800.822.6268 for persons with hearing or speech impairments

### Asistencia Por Internet y Teléfono

**Sitio web:** [ftb.ca.gov](http://ftb.ca.gov)

**Teléfono:** 800.852.5711 dentro de los Estados Unidos  
916.845.6500 fuera de los Estados Unidos

**TTY/TDD:** 800.822.6268 para personas con discapacidades auditivas o de habla

## **Certification Regarding Debarment, Suspension, and Other Responsibility Matters**

The prospective participant certifies to the best of its knowledge and belief that it and the principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgement rendered against them or commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statute or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

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Typed Name & Title of Authorized Representative

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Signature of Authorized Representative Date

☐ I am unable to certify to the above statements. My explanation is attached.

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## CAMPAIGN CONTRIBUTIONS DISCLOSURE

In accordance with California law, bidders and contracting parties are required to disclose, at the time the application is filed, information relating to any campaign contributions made to South Coast Air Quality Management District (SCAQMD) Board Members or members/alternates of the MSRC, including: the name of the party making the contribution (which includes any parent, subsidiary or otherwise related business entity, as defined below), the amount of the contribution, and the date the contribution was made. 2 C.C.R. §18438.8(b).

California law prohibits a party, or an agent, from making campaign contributions to SCAQMD Governing Board Members or members/alternates of the Mobile Source Air Pollution Reduction Review Committee (MSRC) of more than \$250 while their contract or permit is pending before SCAQMD; and further prohibits a campaign contribution from being made for three (3) months following the date of the final decision by the Governing Board or the MSRC on a donor's contract or permit. Gov't Code §84308(d). For purposes of reaching the \$250 limit, the campaign contributions of the bidder or contractor plus contributions by its parents, affiliates, and related companies of the contractor or bidder are added together. 2 C.C.R. §18438.5.

In addition, SCAQMD Board Members or members/alternates of the MSRC must abstain from voting on a contract or permit if they have received a campaign contribution from a party or participant to the proceeding, or agent, totaling more than \$250 in the 12-month period prior to the consideration of the item by the Governing Board or the MSRC. Gov't Code §84308(c).

The list of current SCAQMD Governing Board Members can be found at SCAQMD website ([www.aqmd.gov](http://www.aqmd.gov)). The list of current MSRC members/alternates can be found at the MSRC website (<http://www.cleantransportationfunding.org>).

### **SECTION I.**

**Contractor (Legal Name):** \_\_\_\_\_

DBA, Name \_\_\_\_\_, County Filed in \_\_\_\_\_

Corporation, ID No. \_\_\_\_\_

LLC/LLP, ID No. \_\_\_\_\_

**List any parent, subsidiaries, or otherwise affiliated business entities of Contractor:**  
(See definition below).

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### **SECTION II.**

Has Contractor and/or any parent, subsidiary, or affiliated company, or agent thereof, made a campaign contribution(s) totaling \$250 or more in the aggregate to a current member of the South Coast Air Quality Management Governing Board or member/alternate of the MSRC in the 12 months preceding the date of execution of this disclosure?

☐ Yes    ☐ No    **If YES, complete Section II below and then sign and date the form.  
If NO, sign and date below. Include this form with your submittal.**

**Campaign Contributions Disclosure, continued:**

Name of Contributor \_\_\_\_\_

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor \_\_\_\_\_

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor \_\_\_\_\_

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor \_\_\_\_\_

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

**I declare the foregoing disclosures to be true and correct.**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

#### DEFINITIONS

Parent, Subsidiary, or Otherwise Related Business Entity (2 Cal. Code of Regs., §18703.1(d).)

- (1) Parent subsidiary. A parent subsidiary relationship exists when one corporation directly or indirectly owns shares possessing more than 50 percent of the voting power of another corporation.
- (2) Otherwise related business entity. Business entities, including corporations, partnerships, joint ventures and any other organizations and enterprises operated for profit, which do not have a parent subsidiary relationship are otherwise related if any one of the following three tests is met:
  - (A) One business entity has a controlling ownership interest in the other business entity.
  - (B) There is shared management and control between the entities. In determining whether there is shared management and control, consideration should be given to the following factors:
    - (i) The same person or substantially the same person owns and manages the two entities;
    - (ii) There are common or commingled funds or assets;
    - (iii) The business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis;
    - (iv) There is otherwise a regular and close working relationship between the entities; or
  - (C) A controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.





# South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178

(909) 396-2000 • [www.aqmd.gov](http://www.aqmd.gov)

## Direct Deposit Authorization

### STEP 1: Please check all the appropriate boxes

- |  |  |
|--|--|
| <input type="checkbox"/> Individual (Employee, Governing Board Member) | <input type="checkbox"/> New Request           |
| <input type="checkbox"/> Vendor/Contractor                             | <input type="checkbox"/> Cancel Direct Deposit |
| <input type="checkbox"/> Changed Information                           |  |

### STEP 2: Payee Information

Last Name		First Name		Middle Initial	Title
Vendor/Contractor Business Name (if applicable)					
Address				Apartment or P.O. Box Number	
City		State	Zip	Country	
Taxpayer ID Number		Telephone Number		Email Address	

### Authorization

1. I authorize South Coast Air Quality Management District (SCAQMD) to direct deposit funds to my account in the financial institution as indicated below. I understand that the authorization may be rejected or discontinued by SCAQMD at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to SCAQMD for distribution. This will delay my payment.
2. This authorization remains in effect until SCAQMD receives written notification of changes or cancellation from you.
3. I hereby release and hold harmless SCAQMD for any claims or liability to pay for any losses or costs related to insufficient fund transactions that result from failure within the Automated Clearing House network to correctly and timely deposit monies into my account.

### STEP 3:

You must verify that your bank is a member of an Automated Clearing House (ACH). Failure to do so could delay the processing of your payment. You must attach a voided check or have your bank complete the bank information and the account holder must sign below.

### To be Completed by your Bank

Staple Voided Check Here	Name of Bank/Institution		
	Account Holder Name(s)		
	<input type="checkbox"/> Saving <input type="checkbox"/> Checking	Account Number	Routing Number
	Bank Representative Printed Name	Bank Representative Signature	Date
	ACCOUNT HOLDER SIGNATURE:		Date

For SCAQMD Use Only

Input By \_\_\_\_\_

Date \_\_\_\_\_